

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Our Docket No.: **169.12-0609**

Date: **November 17, 2003**

First Named Inventor: **David J. Larson et al.**

Title: **HIGH MAGNETIC ANISOTROPY HARD MAGNETIC BIAS
ELEMENT**

Express Mail No.: **EV 302262696 US**



APPLICATION ELEMENTS

**ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

1. ☒ Fee Calculation Sheet
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status

3. ☒ Specification Total Pages **[24]**
- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed. Sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

4. ☒ Drawings (35 U.S.C. 113) Total Sheets **[11]**

5. ☒ Oath or Declaration Total Pages **[3]**
a. ☒ Newly Executed (original or copy)
b. ☐ Copy from a prior application (37 C.F.R. 1.63(d) - for continuation/divisional with Box 18 completed)

[Mark Box 5 below]

I. ☐ **DELETION OF INVENTOR(S)**

Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. 1.63(d)(2) and 1.33(b)

6. ☒ Application Data Sheet. See 37 CFR 1.76.

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (*Appendix*)
8. Nucleotide and/or Amino Acid Sequence Submission (*If applicable, all necessary*)
a. ☐ Computer Readable Copy (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies; or
ii. ☐ Paper
c. ☐ Statements verifying identify of above copies

ACCOMPANYING APPLICATION PARTS

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☒ 37 C.F.R. 3.73(b) Submission
☒ Power of Attorney
11. ☐ English Translation Document (*if applicable*)
12. ☒ Information Disclosure Statement with copies of Citations as necessary
13. ☐ Preliminary Amendment Total Pages ☐
14. ☒ Return Receipt Postcard (*Should be specifically itemized*)
15. ☐ Certified Copy of Priority document(s) (*If foreign priority is claimed*)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Application must attach form PTO/SB/35 or its equivalent
17. ☐ Other

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Division ☐ Continuation-in-part (CIP) of prior Application No.

Prior Application Information: Examiner Group Art Unit

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

ATTY NAME
AND REG. NO.

**David R. Fairbairn,
Reg. No. 26,047**

SIGNATURE: 

ADDRESS

**Kinney & Lange, P.A.
THE KINNEY & LANGE BUILDING
312 South Third Street
Minneapolis, MN 55415-1002**

TELEPHONE

(612) 339-1863

FAX: (612) 339-6580

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Herewith

David J. Larson et al.

Atty. Docket Number

169.12-0609

Total Amount of Payment \$1,054

METHOD OF PAYMENT (Check One)

1. ☒ The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account No.11-0982. Deposit Account Name: Kinney & Lange, P.A. A duplicate copy of this communication is enclosed

2. ☒ Check Enclosed

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
1001	770	2001	385	<input checked="" type="checkbox"/> Utility Filing Fee
1002	340	2002	170	<input type="checkbox"/> Design Filing Fee
1004	770	2004	385	<input type="checkbox"/> Reissue Filing Fee
1005	160	2005	80	<input type="checkbox"/> Prov. Filing Fee
Subtotal (1) \$770.00				

2. EXTRA CLAIM FEES

	Number Claims	Prior**	Extra	Fee from Below	Fee Paid
Total	<u>24</u>	- <u>20</u>	= <u>4</u> x	<u>18</u> =	<u>72</u>
Indep.	<u>5</u>	- <u>3</u>	= <u>2</u> x	<u>86</u> =	<u>172</u>
Multiple Dependent Claims				* =	*

**Insert 3 and 20, or number previously paid if greater; Reissue see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent Claim
1204	86	2204	43	Reissue Independent Claims Over Original Patent
1205	18	2205	9	Reissue claims in excess of 20 and over original patent
Subtotal (2) \$244.00				

FEE CALCULATION (Continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee paid
1051	130	2051	65	Surcharge - Late filing fee or oath	*
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1812	2,520	1812	2,520	For Filing a Request for Reexamination	*
1251	110	2251	55	Extension for reply within first month	*
1252	420	2252	210	Extension for reply within second month	*
1253	950	2253	475	Extension for reply within third month	*
1254	1,480	2254	740	Extension for reply within fourth month	*
1255	2,010	2255	1,005	Extension for reply within fifth month	*
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1403	290	2403	145	Request for oral hearing	*
1814	110	2814	55	Terminal Disclaimer Fee	*
1452	110	2452	55	Petition to revive - unavoidable	*
1453	1,330	2453	665	Petition to revive - unintentional	*
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8021	40	8021	40	Recording each patent assignment per property (times number of properties)	40
1801	770	2801	385	Request for Continued Examination (RCE)	*

Other fee (specify) _____

Subtotal (3) \$40.00

Signature David R. Fairbairn

Reg. No. 26,047

Date 11/17/03

Deposit Account No. 11-0982

<div style="text-align: right; padding-right: 10px;"> 17681 U.S. PTO 11/17/03 </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FEE TRANSMITTAL</div>	Compleat if Known																																																																																																																																																	
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